

P 9000027158

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

off per

12-28-09

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: PINECREST SENIOR CARE, INC.
(Name of Corporation)

DOCUMENT NUMBER: P09000027158

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:

SILVIA ALEMAN

(Name of Person)

PINECREST SENIOR CARE, INC.

(Name of Firm/Company)

12800 SW 81 AVENUE

(Address)

PINECREST, FL. 33156

(City/State and Zip Code)

For further information concerning this matter, please call:

SILVIA ALEMAN

(Name of Person)

at (786) 973-2925

(Area Code & Daytime Telephone Number)

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

Street Address:

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Mailing Address:

Amendment Section
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, SILVIA ALEMAN, hereby resign as PRESIDENT
(Title)

of PINECREST SENIOR CARE, INC.
(Name of Corporation)

P09000027158, a corporation organized under the laws of the State of
(Document Number, if known)
FLORIDA


(Signature of resigning officer/director)

FILING FEE IS \$35.00

Make checks payable to Florida Department of State and mail to:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

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